

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

FREEDOM PROJECT; THE

ADDRESS (number and street)

631-B Pennsylvania Ave., SE

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20003

0003

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00305805

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☒Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

10

01

2009

through

10

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Margee Clancy

Signature of Treasurer

Electronically Filed by Margee Clancy

Date

11

20

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name  
FREEDOM PROJECT; THE

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 1 | 0 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

 To: 

|   |   |
|---|---|
| M | M |
| 1 | 0 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1  | 2009                    | 119660.20                         |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....  | 249677.78               |                                   |
| (c) Total Receipts (from Line 19) .....   | 96550.00                | 1039587.10                        |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....      | 346227.78               | 1159247.30                        |
| 7. Total Disbursements (from Line 31) .....   | 101175.51               | 914195.03                         |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                 | 245052.27               | 245052.27                         |
| 9. Debts and Obligations owed TO<br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....  |                         |                                   |
| 10. Debts and Obligations owed BY<br>the committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 0.00                    |                                   |

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

FREEDOM PROJECT; THE

Report Covering the Period:

From:

|   |   |
|---|---|
| M | M |
| 1 | 0 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

To:

|   |   |
|---|---|
| M | M |
| 1 | 0 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  |                               |                                   |
| (i) Itemized (use Schedule A) .....  | 16250.00                      | 214650.00                         |
| (ii) Unitemized .....  | 350.00                        | 10432.00                          |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....   | 16600.00                      | 225082.00                         |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs) .....  | 69950.00                      | 772950.00                         |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....     | 86550.00                      | 998032.00                         |
| 12. Transfers From Affiliated/Other Party Committees .....   |                               | 0.00                              |
| 13. All Loans Received .....   | 0.00                          | 0.00                              |
| 14. Loan Repayments Received .....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) ..... | 0.00                          | 26079.50                          |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....           | 10000.00                      | 15475.60                          |
| 17. Other Federal Receipts (Dividends, Interest, etc.) .....   | 0.00                          | 0.00                              |
| 18. Transfers from Non-Federal and Levin Funds   |                               |                                   |
| (a) Non-Federal Account (from Schedule H3) .....   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....   | 0.00                          | 0.00                              |
| (c) Total Transfer (add 18(a) and 18(b)).  | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....                          | 96550.00                      | 1039587.10                        |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 96550.00                      | 1039587.10                        |

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

| II. DISBURSEMENTS  |           | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-----------|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |           |                               |                                   |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4)                                     |           |                               |                                   |
| (i) Federal Share.....   | 0.00      | 0.00                          |                                   |
| (ii) Non-Federal Share.....  | 0.00      | 0.00                          |                                   |
| (b) Other Federal Operating Expenditures.....  | 73082.24  | 572189.79                     |                                   |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤                        | 73082.24  | 572189.79                     |                                   |
| 22. Transfers to Affiliated/Other Party Committees.....  | 8093.27   | 8093.27                       |                                   |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 20000.00  | 273412.20                     |                                   |
| 24. Independent Expenditure (use Schedule E) .....   | 0.00      | 0.00                          |                                   |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00      | 0.00                          |                                   |
| 26. Loan Repayments Made.....  | 0.00      | 0.00                          |                                   |
| 27. Loans Made.....  | 0.00      | 0.00                          |                                   |
| 28. Refunds of Contributions To:   |           |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00      | 2900.00                       |                                   |
| (b) Political Party Committees   | 0.00      | 0.00                          |                                   |
| (c) Other Political Committees (such as PACs) .....  | 0.00      | 5000.00                       |                                   |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....                           | 0.00      | 7900.00                       |                                   |
| 29. Other Disbursements.....   | 0.00      | 52599.77                      |                                   |
| 30. Federal Election Activity (2 U.S.C 431(20))  |           |                               |                                   |
| (a) Shared Federal Election Activity (from Schedule H6)  |           |                               |                                   |
| (i) Federal Share .....  | 0.00      | 0.00                          |                                   |
| (ii) "Levin" Share .....   | 0.00      | 0.00                          |                                   |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00      | 0.00                          |                                   |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....              | 0.00      | 0.00                          |                                   |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..       | 101175.51 | 914195.03                     |                                   |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 101175.51 | 914195.03                     |                                   |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 86550.00                      | 998032.00                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 0.00                          | 7900.00                           |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 86550.00                      | 990132.00                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 73082.24                      | 572189.79                         |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 0.00                          | 26079.50                          |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 73082.24                      | 546110.29                         |

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FREEDOM PROJECT; THE**

**A.**

Full Name (Last, First, Middle Initial)

Samuel Baptista

Mailing Address 2015 Lorraine Avenue

City

Mc Lean

State

VA

Zip Code

22101-5331

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
The Baptista Group

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 9

Transaction ID: SA11AI-5597-21311-c

Amount of Each Receipt this Period

1000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Bob Brooks, Jr.

Mailing Address 1107 North Pitt Street  
Unit C

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Alpine Group

Occupation  
Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 9

Transaction ID: SA11AI-10097-21313-c

Amount of Each Receipt this Period

1000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Gregg Hartley

Mailing Address 857 Cedar Drive

City

Deale

State

MD

Zip Code

20751-9613

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cassidy & Associates

Occupation  
Vice Chairman & COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 9

Transaction ID: SA11AI-4022-21302-c

Amount of Each Receipt this Period

1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
 FREEDOM PROJECT; THE

**A.**

Full Name (Last, First, Middle Initial)  
 Ross Hoffman

Mailing Address 121 N Fir Street  
 Suite G

City State Zip Code  
 Ventura CA 93001-2093

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Hoffman Associates

Occupation  
 Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 1 3 / 2 0 0 9

Transaction ID: SA11AI-11304-21340-c

Amount of Each Receipt this Period

1000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
 Lisa Im-Trautner

Mailing Address 3716 Deer Trail Court

City State Zip Code  
 Danville CA 94506-6025

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Performant Financial Group

Occupation  
 CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 3 / 2 0 0 9

Transaction ID: SA11AI-11300-21321-c

Amount of Each Receipt this Period

1000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
 Harold Leach

Mailing Address 20 Deer Creek Lane

City State Zip Code  
 Danville CA 94506-6054

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer  
 Performant Financial Corp.

Occupation  
 Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 3 / 2 0 0 9

Transaction ID: SA11AI-8275-21323-c

Amount of Each Receipt this Period

2500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
FREEDOM PROJECT; THE

**A.**

Full Name (Last, First, Middle Initial)

Judith Leach

Mailing Address 20 Deer Creek Lane

City

Danville

State

CA

Zip Code

94506-6054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 9

Transaction ID: SA11AI-8093-21324-c

Amount of Each Receipt this Period

2500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Jeff Nelson

Mailing Address 114 Patterson Boulevard

City

Pleasant Hill

State

CA

Zip Code

94523-3620

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DCS

Occupation

Healthcare Technology Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 9

Transaction ID: SA11AI-11301-21322-c

Amount of Each Receipt this Period

500.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Michael O'Bannon

Mailing Address 3805 Belle Rive Terrace

City

Alexandria

State

VA

Zip Code

22309-3001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EOP Group Inc.

Occupation

Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI-7451-21289-c

Amount of Each Receipt this Period

1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**FREEDOM PROJECT; THE**

**A.**

Full Name (Last, First, Middle Initial)

Hakan Orvell

Mailing Address 12 Williams Lane

City

State

Zip Code

Foster City

CA

94404-3966

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Performant

Occupation  
CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 9

Transaction ID: SA11AI-11292-21298-c

Amount of Each Receipt this Period

250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

John Rutherford

Mailing Address 759 CJC Highway No. 383

City

State

Zip Code

Cohasset

MA

02025

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Parthenon Capital

Occupation  
Private Equity Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 9

Transaction ID: SA11AI-11296-21309-c

Amount of Each Receipt this Period

500.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Dave Sackett, III

Mailing Address 8541 Riverside Road

City

State

Zip Code

Alexandria

VA

22308-2206

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Investment Co. Insitute

Occupation  
Govt. Affairs Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 9

Transaction ID: SA11AI-6392-21314-c

Amount of Each Receipt this Period

1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 44

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
FREEDOM PROJECT; THE

**A.**

Full Name (Last, First, Middle Initial)  
Gary Sitzmann

Mailing Address 1 Kaiser Plaza

City State Zip Code  
Oakland CA 94612-3610

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Sitzmann Morris & Lavis,  
Inc

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: SA11AI-11305-21341-c

Amount of Each Receipt this Period

1000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Candida Perotti Wolff

Mailing Address 2105 Virginia Avenue

City State Zip Code  
McLean VA 22101-4942

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hogan & Hartson LLP

Occupation  
Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 9

Transaction ID: SA11AI-10625-21312-c

Amount of Each Receipt this Period

1000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Mary Zetwick Seidel

Mailing Address 8058 Glendale Road

City State Zip Code  
Chevy Chase MD 20815-5901

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Reinsurance Assoc. of Ame-  
r.

Occupation  
VP & Director Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 9

Transaction ID: SA11AI-11298-21316-c

Amount of Each Receipt this Period

1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

16250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 44

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**FREEDOM PROJECT; THE**

**A.**

Full Name (Last, First, Middle Initial)  
**AETNA INC. POLITICAL ACTION COMMITTEE**

Mailing Address **1501 M Street NW  
Suite 400**

City State Zip Code  
**Washington DC 20005-1725**

FEC ID number of contributing  
federal political committee. **C** **C00181826**

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt

**10 / 30 / 2009**

**Transaction ID: SA11C-7815-21296-c**

Amount of Each Receipt this Period

**2500.00**

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
**American Chemistry Council Pac**

Mailing Address **1300 Wilson Boulevard**

City State Zip Code  
**Arlington VA 22209-2323**

FEC ID number of contributing  
federal political committee. **C** **C00252338**

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**2500.00**

Date of Receipt

**10 / 30 / 2009**

**Transaction ID: SA11C-10460-21290-c**

Amount of Each Receipt this Period

**2500.00**

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
**Babcock & Wilcox Company Political Action Committee (b&w Pac), The**

Mailing Address **2016 Mount Athos Road**

City State Zip Code  
**Lynchburg VA 24504-5447**

FEC ID number of contributing  
federal political committee. **C** **C00365502**

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt

**10 / 23 / 2009**

**Transaction ID: SA11C-11217-21301-c**

Amount of Each Receipt this Period

**2500.00**

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

**7500.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 44

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**FREEDOM PROJECT; THE**

**A.**

Full Name (Last, First, Middle Initial)  
**CASH AMERICA INTERNATIONAL INC. POLITICAL ACTION COMMITTEE**

Mailing Address **1600 W 7th Street**

City State Zip Code  
**Fort Worth TX 76102-2504**

FEC ID number of contributing  
federal political committee. **C C00275529**

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt

**10 / 23 / 2009**

**Transaction ID: SA11C-3765-21306-c**

Amount of Each Receipt this Period

**5000.00**

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
**Dte Energy Co. Pac - Federal**

Mailing Address **1 One Energy Plaza  
Room 1583**

City State Zip Code  
**Detroit MI 48226-1221**

FEC ID number of contributing  
federal political committee. **C C00081547**

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**2500.00**

Date of Receipt

**10 / 23 / 2009**

**Transaction ID: SA11C-11293-21304-c**

Amount of Each Receipt this Period

**2500.00**

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
**FPL PAC FLORIDA POWER & LIGHT CO EMPLOYEES POLITICAL ACTION COMMITTEE**

Mailing Address **700 Universe Boulevard**

City State Zip Code  
**Juno Beach FL 33408-2657**

FEC ID number of contributing  
federal political committee. **C C00064774**

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt

**10 / 23 / 2009**

**Transaction ID: SA11C-4235-21303-c**

Amount of Each Receipt this Period

**5000.00**

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

**12500.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 44

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**FREEDOM PROJECT; THE**

**A.**

Full Name (Last, First, Middle Initial)  
 Gen-Probe Incorporated Pac (Gen-Probe Pac)

Mailing Address 10210 Genetic Center Drive

City State Zip Code  
**San Diego CA 92121-4362**

FEC ID number of contributing  
federal political committee. **C** C00405100

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 3 / 2 0 0 9

**Transaction ID:** SA11C-11294-21305-c

Amount of Each Receipt this Period

1000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
 Genworth Financial Inc. Political Action Committee

Mailing Address 6620 W Broad Street

City State Zip Code  
**Richmond VA 23230-1716**

FEC ID number of contributing  
federal political committee. **C** C00404194

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 3 0 / 2 0 0 9

**Transaction ID:** SA11C-9871-21293-c

Amount of Each Receipt this Period

5000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
 HOLLAND & KNIGHT COMMITTEE FOR EFFECTIVE GOVERNMENT

Mailing Address 2099 Pennsylvania Avenue NW

City State Zip Code  
**Washington DC 20006-6800**

FEC ID number of contributing  
federal political committee. **C** C00171330

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 3 / 2 0 0 9

**Transaction ID:** SA11C-3820-21319-c

Amount of Each Receipt this Period

2500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

**8500.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 44

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
 FREEDOM PROJECT; THE

**A.**

Full Name (Last, First, Middle Initial)  
 International Foodservice Distributors Association Political Action Committee

Mailing Address 1410 Spring Hill Road  
 Suite 210

City State Zip Code  
 Mclean VA 22102-3035

FEC ID number of contributing  
 federal political committee. **C** C00383521

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 3 / 2 0 0 9

Transaction ID: SA11C-11297-21310-c

Amount of Each Receipt this Period

2500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
 International Game Technology (IGT PAC)

Mailing Address 9295 Prototype Drive

City State Zip Code  
 Reno NV 89521-8986

FEC ID number of contributing  
 federal political committee. **C** C00316331

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11C-4422-21291-c

Amount of Each Receipt this Period

5000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
 LOCKHEED MARTIN EMPLOYEES' POLITICAL ACTION COMMITTEE

Mailing Address 1550 Crystal Drive  
 Suite 300

City State Zip Code  
 Arlington VA 22202-4135

FEC ID number of contributing  
 federal political committee. **C** C00303024

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11C-3742-21292-c

Amount of Each Receipt this Period

5000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

12500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 44

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
 FREEDOM PROJECT; THE

**A.**

Full Name (Last, First, Middle Initial)  
 McGuireWoods Federal PAC Fund  
 Mailing Address 1 James Center

City State Zip Code  
 Richmond VA 23219-4089

FEC ID number of contributing  
federal political committee. **C** C00225342

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 3 / 2 0 0 9

Transaction ID: SA11C-11295-21307-c

Amount of Each Receipt this Period

2500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
 METLIFE INC. EMPLOYEES' POLITICAL PARTICIPATION FUND A  
 Mailing Address 1620 L Street NW  
 Suite 800

City State Zip Code  
 Washington DC 20036-5629

FEC ID number of contributing  
federal political committee. **C** C00040923

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11C-7279-21294-c

Amount of Each Receipt this Period

3000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
 National Association of Health Underwriters Pac (HUPAC)  
 Mailing Address PO Box 20865

City State Zip Code  
 Indianapolis IN 46220-0865

FEC ID number of contributing  
federal political committee. **C** C00283135

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 3 / 2 0 0 9

Transaction ID: SA11C-10772-21318-c

Amount of Each Receipt this Period

2500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

8000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 44

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**FREEDOM PROJECT; THE**

**A.**

Full Name (Last, First, Middle Initial)  
**National Restaurant Association PAC**

Mailing Address **1200 17th Street NW**

City State Zip Code  
**Washington DC 20036-3006**

FEC ID number of contributing  
federal political committee. **C C00003764**

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**2500.00**

Date of Receipt

**10 / 23 / 2009**

**Transaction ID: SA11C-2470-21299-c**

Amount of Each Receipt this Period

**2500.00**

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
**NRA-Political Victory Fund**

Mailing Address **11250 Waples Mill Road**

City State Zip Code  
**Fairfax VA 22030-7400**

FEC ID number of contributing  
federal political committee. **C C00053553**

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**4950.00**

Date of Receipt

**10 / 30 / 2009**

**Transaction ID: SA11C-10188-21295-c**

Amount of Each Receipt this Period

**4950.00**

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
**PepsiCo Concerned Citizens Fund (PAC)**

Mailing Address **700 Anderson Hill Road**

City State Zip Code  
**Purchase NY 10577-1401**

FEC ID number of contributing  
federal political committee. **C C00039321**

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**2500.00**

Date of Receipt

**10 / 30 / 2009**

**Transaction ID: SA11C-7011-21297-c**

Amount of Each Receipt this Period

**2500.00**

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

**9950.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 44

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**FREEDOM PROJECT; THE**

**A.**

Full Name (Last, First, Middle Initial)  
**PERFORMANT FINANCIAL CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address **2350 Kerner Boulevard**  
**Suite 250**

City State Zip Code  
**San Rafael CA 94901-5596**

FEC ID number of contributing  
federal political committee. **C** **C00411199**

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt

**10 / 23 / 2009**

**Transaction ID: SA11C-4125-21320-c**

Amount of Each Receipt this Period

**5000.00**

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
**REINSURANCE ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE INC (REPAC)**

Mailing Address **1301 Pennsylvania Avenue NW**  
**Suite 900**

City State Zip Code  
**Washington DC 20004-1706**

FEC ID number of contributing  
federal political committee. **C** **C00256453**

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**1000.00**

Date of Receipt

**10 / 23 / 2009**

**Transaction ID: SA11C-3746-21315-c**

Amount of Each Receipt this Period

**1000.00**

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
**Sallie Mae Inc. PAC**

Mailing Address **12061 Bluemont Way**

City State Zip Code  
**Reston VA 20190**

FEC ID number of contributing  
federal political committee. **C** **C00331835**

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt

**10 / 23 / 2009**

**Transaction ID: SA11C-9045-21308-c**

Amount of Each Receipt this Period

**2500.00**

Contribution

**SUBTOTAL** of Receipts This Page (optional) ▶

**8500.00**

**TOTAL** This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 44

(check only one)

|                              |                              |   |                             |
|------------------------------|------------------------------|---|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17  |                              |   |                             |

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NAME OF COMMITTEE (In Full)

FREEDOM PROJECT; THE

A.

Full Name (Last, First, Middle Initial)

WHOLESALE-DISTRIBUTOR PAC OF THE NATIONAL ASSOCIATION OF WHOLESALE-DISTRIBUTORS

Mailing Address 1325 G Street NW  
Suite 1000

City

Washington

State

DC

Zip Code

20005-3134

FEC ID number of contributing  
federal political committee.

C

C00109306

Name of Employer

Occupation

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 9

Transaction ID: SA11C-4016-21317-c

Amount of Each Receipt this Period

2500.00

Contribution

SUBTOTAL of Receipts This Page (optional) .....

2500.00

TOTAL This Period (last page this line number only) .....

69950.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 44

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
 FREEDOM PROJECT; THE

**A.**

Full Name (Last, First, Middle Initial)  
 Kasich for Ohio

Mailing Address 260 N Cassady Avenue

City State Zip Code  
 Columbus OH 43209-1457

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 0 / 2 0 0 9

Transaction ID: SA16-21432000

Amount of Each Receipt this Period

5000.00

Refund

**B.**

Full Name (Last, First, Middle Initial)  
 McDonnell for Governor

Mailing Address 2819 N Parham Road  
 Suite 210

City State Zip Code  
 Richmond VA 23294-4425

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 0 / 2 0 0 9

Transaction ID: SA16-21431000

Amount of Each Receipt this Period

5000.00

Refund

**SUBTOTAL** of Receipts This Page (optional) .....

10000.00

**TOTAL** This Period (last page this line number only) .....

10000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 44

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
FREEDOM PROJECT; THE

|  |   |
|--|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Campaign Solutions  | <b>Transaction ID:</b> SB21B-11075-21405-e<br><b>Date of Disbursement</b>   |
| Mailing Address 118 N St Asaph Street  | <div> <div>10</div> <div>22</div> <div>2009</div> </div>  |
| City Alexandria State VA Zip Code 22314-3110   | <b>Amount of Each Disbursement this Period</b>  |
| Purpose of Disbursement Website maintenance<br>Candidate Name  | <div>568.75</div>   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Category/Type: 003   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Capitol Hill Club   | <b>Transaction ID:</b> SB21B-5501-21406-e<br><b>Date of Disbursement</b>  |
| Mailing Address 300 1st Street SE  | <div> <div>10</div> <div>22</div> <div>2009</div> </div>  |
| City Washington State DC Zip Code 20003-1801   | <b>Amount of Each Disbursement this Period</b>  |
| Purpose of Disbursement Mtg exp. food & bev.<br>Candidate Name   | <div>235.62</div>   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Category/Type: 001   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Chain Bridge Bank   | <b>Transaction ID:</b> SB21B-10391-21418-e<br><b>Date of Disbursement</b>   |
| Mailing Address 1445 Laughlin Avenue Suite A   | <div> <div>10</div> <div>15</div> <div>2009</div> </div>  |
| City Mclean State VA Zip Code 22101-5737   | <b>Amount of Each Disbursement this Period</b>  |
| Purpose of Disbursement Payroll taxes<br>Candidate Name  | <div>1501.34</div>  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Category/Type: 001   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

2305.71

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 44

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
FREEDOM PROJECT; THE

|   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
|---|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|---------|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Chain Bridge Bank</p> <p>Mailing Address 1445 Laughlin Avenue<br/>Suite A</p> <p>City Mclean State VA Zip Code 22101-5737</p> <p>Purpose of Disbursement<br/>Payroll taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                      | <p><b>Transaction ID:</b> SB21B-10391-21429-e</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>1501.33</td> </tr> </table> <p>001<br/>Category/<br/>Type</p> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 |  | 3 | 0 |  | 2 | 0 | 0 | 9 | 1501.33 |
| M   | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 1   | 0  |   | 3 | 0 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 1501.33   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Clark, Schaefer, Hackett &amp; Company</p> <p>Mailing Address 160 N Breiel Boulevard</p> <p>City Middletown State OH Zip Code 45042-3806</p> <p>Purpose of Disbursement<br/>Payroll preparation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B-6282-21411-e</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>65.00</td> </tr> </table> <p>001<br/>Category/<br/>Type</p>    | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 |  | 1 | 5 |  | 2 | 0 | 0 | 9 | 65.00   |
| M   | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 1   | 0  |   | 1 | 5 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 65.00   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Clark, Schaefer, Hackett &amp; Company</p> <p>Mailing Address 160 N Breiel Boulevard</p> <p>City Middletown State OH Zip Code 45042-3806</p> <p>Purpose of Disbursement<br/>Payroll preparation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B-6282-21419-e</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>65.00</td> </tr> </table> <p>001<br/>Category/<br/>Type</p>    | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 |  | 3 | 0 |  | 2 | 0 | 0 | 9 | 65.00   |
| M   | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 1   | 0  |   | 3 | 0 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 65.00   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |

**SUBTOTAL** of Disbursements This Page (optional) .....

1631.33

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 44

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
FREEDOM PROJECT; THE

|  |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Commonwealth of Virginia  | <b>Transaction ID:</b> SB21B-8564-21420-e<br><b>Date of Disbursement</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address PO Box 27264   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 |  | 3 | 0 |  | 2 | 0 | 0 | 9 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 0   |        | 3 | 0 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Richmond State VA Zip Code 23261-7264   | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Payroll taxes<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">348.58</td> </tr> </table>   | 348.58 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 348.58   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Department of Employment Services   | <b>Transaction ID:</b> SB21B-4076-21421-e<br><b>Date of Disbursement</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address PO Box 96664   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 |  | 3 | 0 |  | 2 | 0 | 0 | 9 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 0   |        | 3 | 0 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Washington State DC Zip Code 20090-6664   | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Payroll taxes<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">63.75</td> </tr> </table>  | 63.75  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 63.75  |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Direct TV   | <b>Transaction ID:</b> SB21B-11147-21407-e<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address PO Box 60036   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 |  | 2 | 2 |  | 2 | 0 | 0 | 9 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 0   |        | 2 | 2 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Los Angeles State CA Zip Code 90060-0036  | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Cable<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">72.14</td> </tr> </table>  | 72.14  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 72.14  |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

**484.47**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 44

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
FREEDOM PROJECT; THE

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>123 Together.com   | <b>Transaction ID:</b> SB21B-10075-10779-V<br><b>Date of Disbursement</b>   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 111 S Bedford Street<br>Suite 200   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 |  | 1 | 9 |  | 2 | 0 | 0 | 9 |
| M   | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1   | 0   |   | 1 | 9 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Burlington State MA Zip Code 01803-5145  | Amount of Each Disbursement this Period<br><table border="1"> <tr> <td>3</td><td>5</td><td>7</td><td>.</td><td>7</td><td>3</td> </tr> </table>  | 3 | 5 | 7 | . | 7 | 3 |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 3   | 5   | 7 | . | 7 | 3 |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Internet<br>Candidate Name<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div><br>Category/<br>Type   | <div style="border: 1px solid black; padding: 2px; display: inline-block;">357.73</div>   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>Subitemization of Mastercard  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Trattoria Alberto  | <b>Transaction ID:</b> SB21B-10171-10781-V<br><b>Date of Disbursement</b>   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 506 8th Street SE   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 |  | 1 | 9 |  | 2 | 0 | 0 | 9 |
| M   | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1   | 0   |   | 1 | 9 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Washington State DC Zip Code 20003-2834  | Amount of Each Disbursement this Period<br><table border="1"> <tr> <td>1</td><td>5</td><td>5</td><td>.</td><td>5</td><td>0</td> </tr> </table>  | 1 | 5 | 5 | . | 5 | 0 |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 1   | 5   | 5 | . | 5 | 0 |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Mtg. exp. food & bev.<br>Candidate Name<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div><br>Category/<br>Type  | <div style="border: 1px solid black; padding: 2px; display: inline-block;">155.50</div>   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>Subitemization of Mastercard  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mastercard   | <b>Transaction ID:</b> SB21B-3605-21433-e<br><b>Date of Disbursement</b>  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address PO Box 42070  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 |  | 1 | 9 |  | 2 | 0 | 0 | 9 |
| M   | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1   | 0   |   | 1 | 9 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Middletown State OH Zip Code 45042-0070  | Amount of Each Disbursement this Period<br><table border="1"> <tr> <td>1</td><td>8</td><td>1</td><td>2</td><td>3</td><td>.</td><td>6</td><td>7</td> </tr> </table>  | 1 | 8 | 1 | 2 | 3 | . | 6 | 7 |   |   |   |   |  |   |   |  |   |   |   |   |
| 1   | 8   | 1 | 2 | 3 | . | 6 | 7 |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Credit card (see memo entries)<br>Candidate Name<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div><br>Category/<br>Type   | <div style="border: 1px solid black; padding: 2px; display: inline-block;">18123.67</div>   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

**18123.67**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 44

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
FREEDOM PROJECT; THE

|   |   |
|---|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Mastercard<br>Mailing Address PO Box 42070  | <b>Transaction ID:</b> SB21B-3605-10791-V<br><b>Date of Disbursement</b><br><div> <div>10</div> <div>19</div> <div>2009</div> </div>  |
| City Middletown State OH Zip Code 45042-0070<br>Purpose of Disbursement Finance charge<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   | <b>Amount of Each Disbursement this Period</b><br><div>195.60</div><br><b>[MEMO ITEM]</b><br>Subitemization of Mastercard   |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>US Airways<br>Mailing Address 2345 Crystal Drive<br>City Arlington State VA Zip Code 22227-0001<br>Purpose of Disbursement Gen. fund. travel airfare<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                       | <b>Transaction ID:</b> SB21B-3616-10775-V<br><b>Date of Disbursement</b><br><div>10</div> <div>19</div> <div>2009</div><br><b>Amount of Each Disbursement this Period</b><br><div>1505.40</div><br><b>[MEMO ITEM]</b><br>Subitemization of Mastercard |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>The Alamo Travel Group<br>Mailing Address 9000 Wurzbach Road<br>City San Antonio State TX Zip Code 78240-1038<br>Purpose of Disbursement Gen. fund. travel reservation fee<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> SB21B-4316-10772-V<br><b>Date of Disbursement</b><br><div>10</div> <div>19</div> <div>2009</div><br><b>Amount of Each Disbursement this Period</b><br><div>125.00</div><br><b>[MEMO ITEM]</b><br>Subitemization of Mastercard  |

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

0.00

**TOTAL** This Period (last page this line number only) ..... ►



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 44

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
FREEDOM PROJECT; THE

**A.**

Full Name (Last, First, Middle Initial)  
Federal Express

Mailing Address PO Box 693

City Memphis State TN Zip Code 38101-0693

Purpose of Disbursement  
Shipping

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-5079-10761-V  
Date of Disbursement

10 / 19 / 2009

Amount of Each Disbursement this Period

117.50

**[MEMO ITEM]**

Subitemization of Mastercard

**B.**

Full Name (Last, First, Middle Initial)  
Delta Air Lines

Mailing Address PO Box 20706

City Atlanta State GA Zip Code 30320-6001

Purpose of Disbursement  
Gen. fund. travel airfare

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-5296-10803-V  
Date of Disbursement

10 / 19 / 2009

Amount of Each Disbursement this Period

972.30

**[MEMO ITEM]**

Subitemization of Mastercard

**C.**

Full Name (Last, First, Middle Initial)  
Capitol Hill Club

Mailing Address 300 1st Street SE

City Washington State DC Zip Code 20003-1801

Purpose of Disbursement  
Mtg. exp. food & bev.

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-5501-10802-V  
Date of Disbursement

10 / 19 / 2009

Amount of Each Disbursement this Period

210.02

**[MEMO ITEM]**

Subitemization of Mastercard

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 26 / 44

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
FREEDOM PROJECT; THE

|  |  |
|--|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Sonoma  | <b>Transaction ID:</b> SB21B-10482-10798-V<br><b>Date of Disbursement</b>              |
| Mailing Address 223 Pennsylvania Avenue SE   | <div> <div>10</div> <div>19</div> <div>2009</div> </div>                               |
| City Washington State DC Zip Code 20003-1107   | Amount of Each Disbursement this Period  |
| Purpose of Disbursement Mtg. exp. food & bev.<br>Candidate Name  | <div>230.00</div>  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | <div>001</div> Category/Type<br><br><b>[MEMO ITEM]</b><br>Subitemization of Mastercard |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Google Inc., Advertising Programs   | <b>Transaction ID:</b> SB21B-11085-10767-V<br><b>Date of Disbursement</b>              |
| Mailing Address 1600 Amphitheatre Parkway  | <div> <div>10</div> <div>19</div> <div>2009</div> </div>                               |
| City Mountain View State CA Zip Code 94043-1351  | Amount of Each Disbursement this Period  |
| Purpose of Disbursement TFP website advertising<br>Candidate Name  | <div>2096.71</div>   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | <div>003</div> Category/Type<br><br><b>[MEMO ITEM]</b><br>Subitemization of Mastercard |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Staples   | <b>Transaction ID:</b> SB21B-6636-10780-V<br><b>Date of Disbursement</b>               |
| Mailing Address 8 Technology Drive # 1020  | <div> <div>10</div> <div>19</div> <div>2009</div> </div>                               |
| City Westborough State MA Zip Code 01581-1756  | Amount of Each Disbursement this Period  |
| Purpose of Disbursement Office supplies<br>Candidate Name  | <div>219.91</div>  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | <div>001</div> Category/Type<br><br><b>[MEMO ITEM]</b><br>Subitemization of Mastercard |

**SUBTOTAL** of Disbursements This Page (optional) .....

**0.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
FREEDOM PROJECT; THE

|  |   |
|--|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Bullfeathers Restaurant<br>Mailing Address 410 1st Street SE   | <b>Transaction ID:</b> SB21B-7136-10770-V<br><b>Date of Disbursement</b><br><div> <div>10</div> <div>19</div> <div>2009</div> </div>  |
| City Washington State DC Zip Code 20003-1819<br>Purpose of Disbursement Mtg. exp. food & bev.<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   | <b>Amount of Each Disbursement this Period</b><br><div>48.78</div><br><b>[MEMO ITEM]</b><br>Subitemization of Mastercard  |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Snake River Grill<br>Mailing Address PO Box 569<br>City Jackson State WY Zip Code 83001-0569<br>Purpose of Disbursement Gen. fund. travel food & bev.<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> SB21B-7272-10764-V<br><b>Date of Disbursement</b><br><div>10</div> <div>19</div> <div>2009</div><br><b>Amount of Each Disbursement this Period</b><br><div>426.84</div><br><b>[MEMO ITEM]</b><br>Subitemization of Mastercard  |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Hampton Inn<br>Mailing Address 9266 Shulze Drive<br>City West Chester State OH Zip Code 45069<br>Purpose of Disbursement Gen. fund. travel lodging<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼    | <b>Transaction ID:</b> SB21B-10016-10777-V<br><b>Date of Disbursement</b><br><div>10</div> <div>19</div> <div>2009</div><br><b>Amount of Each Disbursement this Period</b><br><div>604.67</div><br><b>[MEMO ITEM]</b><br>Subitemization of Mastercard |

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

0.00

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 44

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
FREEDOM PROJECT; THE

|   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|---|---|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>The Terrace   | <b>Transaction ID:</b> SB21B-11361-10766-V<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 525 W Yellowstone Avenue  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 |  | 1 | 9 |  | 2 | 0 | 0 | 9 |
| M   | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1   | 0   |        | 1 | 9 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |
| City State Zip Code<br>Cody WY 82414-8731   | Amount of Each Disbursement this Period   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Gen. fund., travel food & bev.<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">277.75</td> </tr> </table>   | 277.75 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 277.75  |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>Subitemization of Mastercard  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>The Cody  | <b>Transaction ID:</b> SB21B-11362-10768-V<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 232 W Yellowstone Avenue  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 |  | 1 | 9 |  | 2 | 0 | 0 | 9 |
| M   | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1   | 0   |        | 1 | 9 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |
| City State Zip Code<br>Cody WY 82414-8724   | Amount of Each Disbursement this Period   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Gen. fund. travel lodging<br>Candidate Name  | <table border="1"> <tr> <td colspan="10">385.20</td> </tr> </table>   | 385.20 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 385.20  |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>Subitemization of Mastercard  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Szechuan House Fusion Grill   | <b>Transaction ID:</b> SB21B-10221-10785-V<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 515 8th Street SE   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 |  | 1 | 9 |  | 2 | 0 | 0 | 9 |
| M   | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1   | 0   |        | 1 | 9 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |
| City State Zip Code<br>Washington DC 20003-2835   | Amount of Each Disbursement this Period   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Mtg. exp. food & bev.<br>Candidate Name  | <table border="1"> <tr> <td colspan="10">209.45</td> </tr> </table>   | 209.45 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 209.45  |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>Subitemization of Mastercard  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 44

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
FREEDOM PROJECT; THE

**A.**

Full Name (Last, First, Middle Initial)  
Extra Virgin

Mailing Address 4053 28th Street S

City Arlington State VA Zip Code 22206-2201

Purpose of Disbursement  
Mtg. exp. food & bev.

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-10222-10787-V  
Date of Disbursement

10 / 19 / 2009

Amount of Each Disbursement this Period

246.06

**[MEMO ITEM]**

Subitemization of Mastercard

**B.**

Full Name (Last, First, Middle Initial)  
Dunkin Donuts

Mailing Address 801 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003-2167

Purpose of Disbursement  
Mtg. exp. food & bev.

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-10272-10786-V  
Date of Disbursement

10 / 19 / 2009

Amount of Each Disbursement this Period

31.46

**[MEMO ITEM]**

Subitemization of Mastercard

**C.**

Full Name (Last, First, Middle Initial)  
Hotel Palomar Dallas

Mailing Address 5300 E Mockingbird Lane

City Dallas State TX Zip Code 75206-5108

Purpose of Disbursement  
Gen. fund. travel lodging

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-10441-10799-V  
Date of Disbursement

10 / 19 / 2009

Amount of Each Disbursement this Period

1341.23

**[MEMO ITEM]**

Subitemization of Mastercard

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 44

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
FREEDOM PROJECT; THE

|   |  |
|---|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Cava<br>Mailing Address 527 8th Street SE   | <b>Transaction ID:</b> SB21B-11371-10789-V<br><b>Date of Disbursement</b><br><div> <div>10</div> <div>19</div> <div>2009</div> </div>  |
| City Washington State DC Zip Code 20003-2835<br>Purpose of Disbursement Gen. fund. food & bev.<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   | <b>Amount of Each Disbursement this Period</b><br><div>1081.42</div><br><b>[MEMO ITEM]</b><br>Subitemization of Mastercard   |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Javier's Restaurante<br>Mailing Address 4912 Cole Avenue<br>City Dallas State TX Zip Code 75205-3402<br>Purpose of Disbursement Gen. fund. travel food & bev.<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼      | <b>Transaction ID:</b> SB21B-11375-10795-V<br><b>Date of Disbursement</b><br><div>10</div> <div>19</div> <div>2009</div><br><b>Amount of Each Disbursement this Period</b><br><div>214.71</div><br><b>[MEMO ITEM]</b><br>Subitemization of Mastercard  |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Facebook Advertising<br>Mailing Address 1601 S California Avenue<br>City Palo Alto State CA Zip Code 94304-1111<br>Purpose of Disbursement TFP Website advertising<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> SB21B-11148-10756-V<br><b>Date of Disbursement</b><br><div>10</div> <div>19</div> <div>2009</div><br><b>Amount of Each Disbursement this Period</b><br><div>2980.54</div><br><b>[MEMO ITEM]</b><br>Subitemization of Mastercard |

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

0.00

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
FREEDOM PROJECT; THE

|  |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mortons   | <b>Transaction ID:</b> SB21B-11278-10801-V<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 1050 Connecticut Avenue NW   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 |  | 1 | 9 |  | 2 | 0 | 0 | 9 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 0   |        | 1 | 9 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Washington State DC Zip Code 20036-5303   | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Mtg. exp. food & bev.<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">190.00</td> </tr> </table>   | 190.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 190.00   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | <b>[MEMO ITEM]</b><br>Subitemization of Mastercard  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Jordan's Grill  | <b>Transaction ID:</b> SB21B-11281-10794-V<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 523th Street, SE   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 |  | 1 | 9 |  | 2 | 0 | 0 | 9 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 0   |        | 1 | 9 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Washington State DC Zip Code 20003  | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Mtg. exp. food & bev.<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">111.40</td> </tr> </table>   | 111.40 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 111.40   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | <b>[MEMO ITEM]</b><br>Subitemization of Mastercard  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Nora's Fish Creek   | <b>Transaction ID:</b> SB21B-11359-10763-V<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 5600 W. Wyo. 22  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 |  | 1 | 9 |  | 2 | 0 | 0 | 9 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 0   |        | 1 | 9 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Wilson State WY Zip Code 83014  | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Gen. fund. travel food & bev.<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">399.99</td> </tr> </table>   | 399.99 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 399.99   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | <b>[MEMO ITEM]</b><br>Subitemization of Mastercard  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
FREEDOM PROJECT; THE

**A.**

Full Name (Last, First, Middle Initial)  
Dallas National

Mailing Address 1515 Knoxville Road

City Dallas State TX Zip Code 75211-1328

Purpose of Disbursement  
Gen. fund. event, golf

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-11376-10797-V  
Date of Disbursement

10 / 19 / 2009

Amount of Each Disbursement this Period

357.23

**[MEMO ITEM]**

Subitemization of Mastercard

**B.**

Full Name (Last, First, Middle Initial)  
Toscana

Mailing Address 601 2nd Street NE

City Washington State DC Zip Code 20002-4909

Purpose of Disbursement  
Gen. fund. food & bev.

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-11377-10804-V  
Date of Disbursement

10 / 19 / 2009

Amount of Each Disbursement this Period

453.40

**[MEMO ITEM]**

Subitemization of Mastercard

**C.**

Full Name (Last, First, Middle Initial)  
The Judges Chamber

Mailing Address 101 West Holt Street

City Broadus State MT Zip Code 59317

Purpose of Disbursement  
Gen. fund. travel food & bev.

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-11363-10769-V  
Date of Disbursement

10 / 19 / 2009

Amount of Each Disbursement this Period

471.65

**[MEMO ITEM]**

Subitemization of Mastercard

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
FREEDOM PROJECT; THE

|  |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Via Vite Restaurant   | <b>Transaction ID:</b> SB21B-11366-10774-V<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 520 Vine Street  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 |  | 1 | 9 |  | 2 | 0 | 0 | 9 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 0   |        | 1 | 9 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Cincinnati State OH Zip Code 45202-3103   | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Mtg. exp. food & bev.<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">274.72</td> </tr> </table>   | 274.72 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 274.72   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | <b>[MEMO ITEM]</b><br>Subitemization of Mastercard  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Brookside Golf Shop   | <b>Transaction ID:</b> SB21B-11367-10776-V<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 2770 W Dublin Granville Road   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 |  | 1 | 9 |  | 2 | 0 | 0 | 9 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 0   |        | 1 | 9 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Columbus State OH Zip Code 43235-2785   | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Gen. fund. golf<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">300.85</td> </tr> </table>   | 300.85 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 300.85   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | <b>[MEMO ITEM]</b><br>Subitemization of Mastercard  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>The Grille  | <b>Transaction ID:</b> SB21B-11369-10782-V<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 116 S Alfred Street  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 |  | 1 | 9 |  | 2 | 0 | 0 | 9 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 0   |        | 1 | 9 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Alexandria State VA Zip Code 22314-3002   | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Mtg. exp. food & bev.<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">211.13</td> </tr> </table>   | 211.13 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 211.13   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | <b>[MEMO ITEM]</b><br>Subitemization of Mastercard  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 34 / 44

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
FREEDOM PROJECT; THE

|  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>MDC & Associates, Inc.  | <b>Transaction ID:</b> SB21B-9144-21395-e<br><b>Date of Disbursement</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 1701 Esquire Lane  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 |  | 0 | 7 |  | 2 | 0 | 0 | 9 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 0   |         | 0 | 7 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Mclean State VA Zip Code 22101-4755   | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Bookkeeping and compliance<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">2509.81</td> </tr> </table>  | 2509.81 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 2509.81  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Minuteman Press   | <b>Transaction ID:</b> SB21B-10169-21403-e<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 555 New Jersey Avenue NW   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 |  | 2 | 2 |  | 2 | 0 | 0 | 9 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 0   |         | 2 | 2 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Washington State DC Zip Code 20001-2029   | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Printing, administrative<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">158.63</td> </tr> </table>   | 158.63  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 158.63   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>New Media Communications  | <b>Transaction ID:</b> SB21B-7123-21397-e<br><b>Date of Disbursement</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 3046 Brecksville Road  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 |  | 0 | 7 |  | 2 | 0 | 0 | 9 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 0   |         | 0 | 7 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Richfield State OH Zip Code 44286-9399  | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Website maintenance and development<br>Candidate Name  | <table border="1"> <tr> <td colspan="10">9696.00</td> </tr> </table>  | 9696.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 9696.00  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

12364.44

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 35 / 44

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
FREEDOM PROJECT; THE

|   |  |
|---|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Office of Tax and Revenue<br>Mailing Address PO Box 96385   | <b>Transaction ID:</b> SB21B-4077-21422-e<br><b>Date of Disbursement</b><br><div> <div>10</div> <div>30</div> <div>2009</div> </div>   |
| City Washington State DC Zip Code 20090-6385<br>Purpose of Disbursement Payroll taxes<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  | <b>Amount of Each Disbursement this Period</b><br><div>163.00</div> <div>001</div> Category/<br>Type   |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Reflections Properties<br>Mailing Address 631 Pennsylvania Avenue SE<br>City Washington State DC Zip Code 20003-4303<br>Purpose of Disbursement Office rent and parking<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼        | <b>Transaction ID:</b> SB21B-11115-21392-e<br><b>Date of Disbursement</b><br><div>10</div> <div>01</div> <div>2009</div> <b>Amount of Each Disbursement this Period</b><br><div>2235.00</div> <div>001</div> Category/<br>Type |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Robert Trent Jones Club<br>Mailing Address 1 Turtle Point Drive<br>City Gainesville State VA Zip Code 20155-2803<br>Purpose of Disbursement Gen. fund. food, beverage and golf<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> SB21B-4359-21404-e<br><b>Date of Disbursement</b><br><div>10</div> <div>22</div> <div>2009</div> <b>Amount of Each Disbursement this Period</b><br><div>20921.34</div> <div>003</div> Category/<br>Type |

**SUBTOTAL** of Disbursements This Page (optional) .....

**23319.34**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 36 / 44

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
FREEDOM PROJECT; THE

|  |  |
|--|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Titleist<br>Mailing Address PO Box 965   | <b>Transaction ID:</b> SB21B-11351-21396-e<br><b>Date of Disbursement</b><br><div> <div>10</div> <div>07</div> <div>2009</div> </div>  |
| City Fairhaven State MA Zip Code 02719-0965<br>Purpose of Disbursement Gen. fund. evt. participant gift<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   | <b>Amount of Each Disbursement this Period</b><br><div>1481.84</div>   |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Verizon<br>Mailing Address PO Box 17577<br>City Baltimore State MD Zip Code 21297-0513<br>Purpose of Disbursement Telephone<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                             | <b>Transaction ID:</b> SB21B-8324-21408-e<br><b>Date of Disbursement</b><br><div> <div>10</div> <div>22</div> <div>2009</div> </div> <b>Amount of Each Disbursement this Period</b><br><div>831.78</div> |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Washington Courier<br>Mailing Address 5520 Cherokee Avenue Suite 120<br>City Alexandria State VA Zip Code 22312-2319<br>Purpose of Disbursement Courier<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> SB21B-9969-21394-e<br><b>Date of Disbursement</b><br><div> <div>10</div> <div>07</div> <div>2009</div> </div> <b>Amount of Each Disbursement this Period</b><br><div>40.49</div>  |

**SUBTOTAL** of Disbursements This Page (optional) .....

2354.11

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
FREEDOM PROJECT; THE

**A.**

Full Name (Last, First, Middle Initial)

Washington Courier

Mailing Address 5520 Cherokee Avenue  
Suite 120

City Alexandria State VA Zip Code 22312-2319

Purpose of Disbursement  
Courier

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-9969-21402-e  
Date of Disbursement

10 / 22 / 2009

Amount of Each Disbursement this Period

40.49

**B.**

Full Name (Last, First, Middle Initial)

Wiley Rein LLP

Mailing Address 1776 K Street NW

City Washington State DC Zip Code 20006-2304

Purpose of Disbursement  
Legal services

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-3634-21400-e  
Date of Disbursement

10 / 22 / 2009

Amount of Each Disbursement this Period

3000.20

**C.**

Full Name (Last, First, Middle Initial)

Whitaker Askew

Mailing Address 3044 R Street NW

City Washington State DC Zip Code 20007-2962

Purpose of Disbursement  
Salary

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-3802-21412-e  
Date of Disbursement

10 / 15 / 2009

Amount of Each Disbursement this Period

1377.57

**SUBTOTAL** of Disbursements This Page (optional) .....

4418.26

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 38 / 44

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
FREEDOM PROJECT; THE

|  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Whitaker Askew  | <b>Transaction ID:</b> SB21B-3802-21423-e<br><b>Date of Disbursement</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 3044 R Street NW   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 |  | 3 | 0 |  | 2 | 0 | 0 | 9 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 0   |         | 3 | 0 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Washington State DC Zip Code 20007-2962   | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Salary<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">1377.56</td> </tr> </table>  | 1377.56 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 1377.56  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>John Criscuolo  | <b>Transaction ID:</b> SB21B-10858-21393-e<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 1845 A Street SE   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 |  | 0 | 7 |  | 2 | 0 | 0 | 9 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 0   |         | 0 | 7 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Washington State DC Zip Code 20003-1706   | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Gen. fund. event supplies<br>Candidate Name  | <table border="1"> <tr> <td colspan="10">28.77</td> </tr> </table>  | 28.77   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 28.77  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>John Criscuolo  | <b>Transaction ID:</b> SB21B-10858-21413-e<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 1845 A Street SE   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 |  | 1 | 5 |  | 2 | 0 | 0 | 9 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 0   |         | 1 | 5 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Washington State DC Zip Code 20003-1706   | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Salary<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">191.06</td> </tr> </table>   | 191.06  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 191.06   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

1597.39

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 39 / 44

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
FREEDOM PROJECT; THE

|  |   |
|--|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>John Criscuolo<br>Mailing Address 1845 A Street SE   | <b>Transaction ID:</b> SB21B-10858-21424-e<br><b>Date of Disbursement</b><br><div> <div>10</div> <div>30</div> <div>2009</div> </div>   |
| City Washington State DC Zip Code 20003-1706<br>Purpose of Disbursement Salary<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  | <b>Amount of Each Disbursement this Period</b><br><div>191.07</div>   |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Johnny DeStefano<br>Mailing Address 1000 New Jersey Ave., SE #1011<br>City Washington State DC Zip Code 20003<br>Purpose of Disbursement Salary<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> SB21B-10021-21414-e<br><b>Date of Disbursement</b><br><div> <div>10</div> <div>15</div> <div>2009</div> </div> <b>Amount of Each Disbursement this Period</b><br><div>602.03</div> |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Johnny DeStefano<br>Mailing Address 1000 New Jersey Ave., SE #1011<br>City Washington State DC Zip Code 20003<br>Purpose of Disbursement Salary<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> SB21B-10021-21425-e<br><b>Date of Disbursement</b><br><div> <div>10</div> <div>30</div> <div>2009</div> </div> <b>Amount of Each Disbursement this Period</b><br><div>602.04</div> |

**SUBTOTAL** of Disbursements This Page (optional) .....

**1395.14**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 40 / 44

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
FREEDOM PROJECT; THE

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Curtis Isakson</p> <hr/> <p>Mailing Address 1201 N Garfield Street<br/>Apt. 618</p> <hr/> <p>City Arlington State VA Zip Code 22201-6812</p> <hr/> <p>Purpose of Disbursement Salary<br/>Candidate Name</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">001<br/>Category/<br/>Type</div> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B-11116-21415-e<br/><b>Date of Disbursement</b></p> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </div> <hr/> <p>Amount of Each Disbursement this Period</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">443.54</div> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | / | 1 | 5 | / | 2 | 0 | 0 | 9 |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |
| 1  | 0   | / | 1 | 5 | / | 2 | 0 | 0 | 9 |   |   |   |   |   |   |   |   |   |   |   |   |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Curtis Isakson</p> <hr/> <p>Mailing Address 1201 N Garfield Street<br/>Apt. 618</p> <hr/> <p>City Arlington State VA Zip Code 22201-6812</p> <hr/> <p>Purpose of Disbursement Salary<br/>Candidate Name</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">001<br/>Category/<br/>Type</div> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B-11116-21426-e<br/><b>Date of Disbursement</b></p> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </div> <hr/> <p>Amount of Each Disbursement this Period</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">443.54</div> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | / | 3 | 0 | / | 2 | 0 | 0 | 9 |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |
| 1  | 0   | / | 3 | 0 | / | 2 | 0 | 0 | 9 |   |   |   |   |   |   |   |   |   |   |   |   |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Kevin McGrann</p> <hr/> <p>Mailing Address 150 N Carolina Avenue SE</p> <hr/> <p>City Washington State DC Zip Code 20003-1841</p> <hr/> <p>Purpose of Disbursement Salary<br/>Candidate Name</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">001<br/>Category/<br/>Type</div> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>            | <p><b>Transaction ID:</b> SB21B-4052-21416-e<br/><b>Date of Disbursement</b></p> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </div> <hr/> <p>Amount of Each Disbursement this Period</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">829.46</div>  | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | / | 1 | 5 | / | 2 | 0 | 0 | 9 |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |
| 1  | 0   | / | 1 | 5 | / | 2 | 0 | 0 | 9 |   |   |   |   |   |   |   |   |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

**1716.54**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 41 / 44

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
FREEDOM PROJECT; THE

|  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Kevin McGrann   | <b>Transaction ID:</b> SB21B-4052-21399-e<br><b>Date of Disbursement</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 150 N Carolina Avenue SE   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 |  | 2 | 2 |  | 2 | 0 | 0 | 9 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 0   |         | 2 | 2 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Washington State DC Zip Code 20003-1841   | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Travel reimbursement<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">26.28</td> </tr> </table>  | 26.28   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 26.28  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Kevin McGrann   | <b>Transaction ID:</b> SB21B-4052-21427-e<br><b>Date of Disbursement</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 150 N Carolina Avenue SE   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 |  | 3 | 0 |  | 2 | 0 | 0 | 9 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 0   |         | 3 | 0 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Washington State DC Zip Code 20003-1841   | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Salary<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">829.46</td> </tr> </table>   | 829.46  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 829.46   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Donald Seymour  | <b>Transaction ID:</b> SB21B-10022-21417-e<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 401 Holland Lane #609  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 |  | 1 | 5 |  | 2 | 0 | 0 | 9 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 0   |         | 1 | 5 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Alexandria State VA Zip Code 22314  | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Salary<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">1258.05</td> </tr> </table>  | 1258.05 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 1258.05  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

2113.79

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 42 / 44

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
FREEDOM PROJECT; THE

A.

Full Name (Last, First, Middle Initial)

Donald Seymour

Mailing Address 401 Holland Lane  
#609

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Salary

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-10022-21428-e

Date of Disbursement

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Amount of Each Disbursement this Period

1258.05

SUBTOTAL of Disbursements This Page (optional) .....

1258.05

TOTAL This Period (last page this line number only) .....

73082.24

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 43 / 44

|                              |  |                              |                              |                             |                              |
|------------------------------|--|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input checked="" type="checkbox"/> 22 | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a           | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
FREEDOM PROJECT; THE

A.

Full Name (Last, First, Middle Initial)  
Americans For a Conservative Course

Mailing Address 1701 Esquire Lane

City State Zip Code  
Mclean VA 22101-4755

Purpose of Disbursement  
Transfer to affiliated committee

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB22-10737-21398-e  
Date of Disbursement

MM / DD / YYYY  
10 / 14 / 2009

Amount of Each Disbursement this Period

8093.27

SUBTOTAL of Disbursements This Page (optional) .....

8093.27

TOTAL This Period (last page this line number only) .....

8093.27

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 44 / 44

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
FREEDOM PROJECT; THE

**A.**

Full Name (Last, First, Middle Initial)

Friends of David Harmer

Mailing Address 9321 Silverbend Lane

City Elk Grove State CA Zip Code 95624-3985

Purpose of Disbursement  
Contribution

Candidate Name  
David Harmer

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2009  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Runoff

State: CA District: 10

Transaction ID: SB23-11352-21401-e  
Date of Disbursement

10 / 22 / 2009

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

National Republican Senatorial Committee

Mailing Address 425 2nd Street NE

City Washington State DC Zip Code 20002-4914

Purpose of Disbursement  
2009 Contribution

Candidate Name  
National Republican Senatorial Committee

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2009  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23-10220-21409-e  
Date of Disbursement

10 / 28 / 2009

Amount of Each Disbursement this Period

15000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

20000.00

**TOTAL** This Period (last page this line number only) .....

20000.00